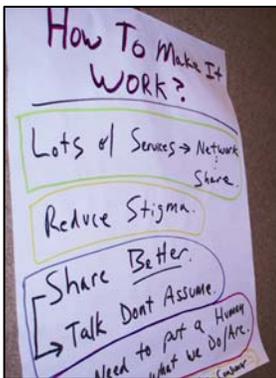


Bring the Kids Home 2008 Regional Summits

Executive Summary December 2008



Created by Agnew::Beck for
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Division of Behavioral Health

■ EXECUTIVE SUMMARY

The goal of the State of Alaska *Bring the Kids Home* (BTKH) initiative is to enhance or establish an array of services statewide to ensure that Alaskan youth experiencing severe emotional disturbance have appropriate treatment options within their communities or close to their families and to minimize out- of-state placement in residential psychiatric treatment facilities.

In the winter of 2007 and the spring of 2008, the State of Alaska Division of Behavioral Health convened a series of regional meetings with local service providers to collect their input on the system currently serving youth in the state. Summits were held in Anchorage, Kotzebue, Nome, Dillingham, Valdez and Mat-Su. Summits were facilitated by Agnew::Beck Consulting with assistance from the Division of Behavioral Health. Community members, including service providers, stakeholders, and family were present and provided an essential “*Community Voice*,” describing how the current *Bring the Kids Home* initiative has impacted their communities.

Summit participants identified the barriers and gaps in the service delivery system, existing resources and strengths to build upon, technical assistance and training needs as well as solutions and priorities to help guide future planning and funding recommendations. Below is a summary of the service delivery needs and potential solutions identified by the communities.

Gaps and Needs in the Service Delivery System

Summit participants were asked to identify service gaps and funding needs that would improve the in-state and community service delivery system for youth with severe emotional disturbance. The following gaps were identified by each location as issues needing to be addressed: workforce development and staffing, funding, service gaps, and lack of community support. Additionally noted are rural specific challenges and other recurring issues.

Workforce Development and Staffing

A resounding theme and strongly felt barrier to the success of keeping kids in state and bringing them home voiced at all summits is the status of the behavioral health workforce. There are simply not enough trained workers to staff the programs and services required to keep kids in state and in good care. In addition, low salaries, inadequate training and educational opportunities, and the general stress and challenge of working with kids who have behavioral problems makes for high turn-over rates and a deficit in the continuity of care for troubled kids.

Recruiting and retaining a strong workforce in rural communities is especially difficult as costs of living in rural areas increase and salaries are not able to keep pace. A number of respondents reported that there is a need for cultural competence training for professionals on all levels and a need to recruit more Alaska Native hires into the service provision workforce and into positions of administration.

Additionally, difficulty with accessing training for providers, e.g. lack of specialized training, and high case loads for those who are providing services. These challenges make it difficult to fully implement and integrate necessary services.

An additional threat to the health of the workforce is a lack of trust between service providers and other organizations serving youth. Support services that alleviate burnout and increase connectivity between providers are needed as are training opportunities and forums that are inclusive of all organizations serving youth to build consensus and teamwork.

Funding

Respondents from all summits reported a lack of stable funding for programs and ongoing projects which restrict the ability to provide services. In particular, there is a general lack of funds for prevention services.

Adequate funding was cited as a barrier to improved service delivery as the needs simply outweigh the funds available for services. The Mat-Su particularly feels overlooked because there is a perception that they are a “can-do” community that takes care of their own issues. While this is a positive perception, it also means they feel they are not well funded.

In addition to more funding, groups stated that flexibility in funding and funding for special programs would better meet client needs such as culturally based programs and other innovative program ideas that draw on local resources to serve local youth. There was also some discussion of delivery of funds: specifically that competitive grants tend to disrupt the spirit of collaboration and undermine efforts to work together. School-based programs were cited as specifically impacted by inconsistent funding, and funding cuts.

Service Gaps

Another fundamental barrier cited to bringing the kids home is the lack of basic infrastructure, services and programs that would support their success and rehabilitation for when they do return. Many specific needs were listed, such as: therapeutic foster care, emergency crisis respite facility, in-home crisis care, permanent housing opportunities, a level-6 facility, better transportation support, sub-acute care, and more respite care. Several groups mentioned that there is a gap in services available for youth between the ages of 18-21.

Elaboration on the infrastructure needed to “bring the kids home” and offer support once the kids return home included:

- The need for parental support
- Discharge plans often cannot be met due to a lack of availability of local providers

Respondents offered their thoughts on services that could be offered or increased; or ways in which the system makes offering supports locally challenging:

- There is a need for increased prevention/early intervention services. Substance abuse and suicide prevention/intervention are especially needed
- Need skills classes and training for parenting, mentoring and foster care
- Detox facilities and chemical dependence treatment facilities and are needed for all ages
- Need to provide options for youth: outdoor sports, cultural and peer support for making healthy decisions
- Need for increased recruitment and support of foster families

- Not enough beds exist to support children returning to their home communities
- Lack of integration between traditional healing/remedies and modern health care system
- Several groups reported a need for greater coordination and communication between parents, youth and the local School District. Respect for local values and the proper approach to student discipline are issues that were mentioned.
- Increased wrap-around resources for youth are needed
- Frustration with ineffective, unresponsive, unwieldy bureaucracy was communicated

Lack of Community Support

A barrier to the success of the BTKH initiative is the need for broad and basic education on both the subject of mental illness, behavioral health, and substance abuse in general as well as the problem of kids being sent outside to residential treatment facilities. If more community awareness was generated then perhaps more support and funding would be made available. Additionally, the community would benefit from a greater awareness of the ways in which they can help, such as becoming a foster parent, as well as the help and resources that are already available within the community to provide for the needs of children experiencing mental illnesses and behavioral health problems. It was expressed that greater awareness and education would engage new and non-traditional partners.

Keeping the kids home and supporting them when they do come home could be bolstered by better support to the child's family. Skills trainings for families are needed both as a preventative measure so they are able to support the child with behavioral issues, but also so that they are well equipped when their child returns. Engaging all family members and educating them on how best to be a support is needed. Treatment should come from a family-centered perspective and better wrap around care would provide support to the entire family with parent support groups, education classes, substance abuse and family counseling.

Rural Specific Challenges

Many of the rural areas suffer from high rates of suicide, alcohol and substance abuse issues, high amount of teen pregnancy, and a lack of healthy and stimulating activities for youth to take part in. Other issues facing those living in the region include a lack of jobs and housing, and a harsh climate with little sunlight for a significant portion of the year. In addition, Alaska Native youth are over-represented in the system. There is also an ongoing inter-generational trauma that should be addressed in any treatment program. Even existing services suffer from lack of marketing and visibility.

Dillingham noted in their community there is a lack of services, education, treatment, and tolerance as well as a lack of systematic health education, sex offender treatment, especially for young sex offenders under 18, religious and cultural tolerance at the village level, and a lack of services in the villages.

Nome cited a lack of treatment facilities and a lack of local foster homes, which are traditional activities in some communities. Also difficult is the distance needed to travel for services and general cost increases. Communication and education in rural communities is also currently lacking.

Rural communities agreed that the role of village, family and peer support is extremely important both as a preventative measure and as a support system when a child returns to a community. Children returning to small villages are facing lack of acceptance, including being 'labeled' after receiving treatment and being unable to overcome the 'label', even after treatment and if they move toward recovery. Both lack of role models and the isolation of living in more remote areas have made life difficult for these children. Also noted was the lack of respite care for families.

Other Common Themes

Communication and Coordination within the System of Care

Mat-Su noted that clients within the system of care experience barriers simply because it is challenging to understand all of the different programs and agencies. There is not a seamless transition from one group or caregiver to another. The system has been described as a maze. It was suggested that each person receiving care have an advocate or ombudsman assigned specifically to them to help them navigate the available programs.

Connectivity

As with other regions, it was noted in Valdez that lack of connectivity provides many challenges: there is a disconnection and lack of communication between organizations providing services and support to youth and families; a lack of connection between service providers and schools before and after youth are sent out for treatment; and lack of understanding between providers on the spectrum of services that are available in their community and region. Once a youth "drops out" of the school system, there are few other resources to connect them with the training or education needed to function effectively in a community system and a lack of connectivity with funding that may be available through the state system.

Prevention and Early Intervention

An additional concern echoed by a number of summit participants is that the majority of funding and focus is on critical care, and not on prevention. If more resources could be dedicated to the prevention side of the spectrum (dealing with family violence, drug and alcohol abuse, parenting techniques, etc.) a decrease in critical and emergency care would result.

Existing Resources and Strengths to Build Upon

Summit participants were asked to identify community strengths to build upon with regard to treating youth in their home community. Many groups identified collaboration between agencies and area service providers as strengths the build upon. Similarly, many groups stated that they are invested in ensuring the BTKH initiative is successful, through strong and dedicated

communities that “care.” Many groups identified families and extended families as natural support, particularly elders in the community as both a strength and resource. Traditional values as well as cultural ties were also cited as resources.

Anchorage and surrounding areas (including Mat-Su)

Participants in Anchorage described existing resources as:

- Agency Collaboration
- In-state placements
- Improved funding and programs
- Improved training and program sustainability models

Additionally, noted as resources were: productive GAAP meetings, which are sponsored by the Office of Children’s Services, as well as improved technology, such as the availability of web and pod-cast for education and training delivery. Examples of organizations that currently have this technology are the Department of Corrections, the school system, the Special Education Service Agency, the University of Alaska System, Native Corporations, and the Governor’s office.

Rural Areas

Rural participants responded that the following are resources and areas which offer support:

- Immediate and extended family
- Elders and the knowledge they possess
- Local culture and cultural activities
- Parent support groups
- Job training activities
- Subsistence activities and culture/wellness camps.
- Local churches and faith organizations
- Local school districts and University system and school based programs that prepare students to move into the workforce such as the Work Keys program
- Transportation programs that provide improved access to programs and resources
- Foster homes and safe homes
- The Boys and Girls Clubs
- Mentorship, counseling and treatment programs
- Tribal courts
- Clinics and suicide prevention programs

- The Maniilaq Association (in Kotzebue)
- State entities such as the Office of Children’s Services
- Additional youth in rural communities: their “endless energy” should be properly channeled to mentor, assist or provide an example to other youth in need of support
- Regional planning efforts that lead to a regional identification of needs

Solutions/Priority Actions

Broadly speaking, summit participants determined that the basic resources needed to implement solutions were: **commitment, funding and skilled people.**

All summits developed action plans based on the identified and prioritized issues, agreed upon by majority participant vote. The solutions based on the identified gaps in the service delivery system are identified below in the categories of:

- Workforce development/staffing
- Funding
- Service gaps
- Community Support
- Rural Concerns
- Other common themes

Workforce Development/Staffing

Summit participants identified the following solutions to the problem of need for workforce development and increased staffing.

- Partnerships with educational institutions
- Existing salaries/benefits
- Local hire
- Peer leadership/backup
- Existing workforce
- Provide comprehensive training

Additional specific details about each solution follow.

Partnerships with educational institutions

- Create a targeted, on-going recruitment program – work with the University, religious organizations, attend job fairs

- Work with the University system to offer the training, curriculum, and degree programs needed to build Alaska's behavioral health workforce
- Explore partnerships with educational institutions – internships and educational opportunities in exchange for work experience; explore options for loan forgiveness in exchange for working in rural setting, work incentive programs
- Resources be put towards educational incentives and tuition waivers

Salaries/benefits

- Salaries and benefits should be commensurate with cost of living increases. Where possible offer housing and supports (in rural communities there is often a lack of housing available)
- Offer bonuses and good perks to retain workers
- Higher pay for “front line workers” including: educators, counselors, state employees, individual service providers, home support, respite providers

Local hire

- Create a system to educate new hires prior to acceptance of jobs. This should include in-person interviews in the community if possible. Where this is not possible, consider creating a recruitment video showing new hires what life is like in the region where they will be working (Maniilaq has created a video like this)
- If a local person is qualified for a job, consider allowing time to pass a drug test as incentive for a sober lifestyle
- Local recruitment needed for local jobs – training for local professionals; utilize local resources to improve chance of retaining professionals in the long term

Peer leadership/backup

- Recruit committed peer and community mentors – “one on one” mentorship is especially crucial – provides “on-the-spot” coaching – provide training for mentors so that they can respond to a variety of situations (good curriculum to build from could be the Children's Residential Services [CRS] Certification program)
- Develop a pool of trained workers that can be called upon when there are shortages or emergencies (right now each agency has it own background checks and vetting process, which takes too much time)
- Develop peer leadership system – offer training for youth leaders to serve and intervene with youth in need of support, this also includes getting youth involved in the classroom and with community groups

Existing workforce

- Increase number of foster parents – increase supports, training opportunities for foster families
- Increase care coordinator positions to coordinate services for transitions back into the community. A number of groups mentioned that this coordination should begin *before* a youth is sent “outside” for treatment
- Decrease case loads of those working with youth

Provide comprehensive training

Additional training needs are listed in the Technical Assistance and Training Needs section of this report.

- Training for therapeutic foster care
- Using “train the trainers” opportunities to increase amount of training locally and expand local capacity to offer training
- Create “in-service” for service providers – this model is a way for providers to receive training and education and also share resources between providers and network with other local organizations
- Training for on all levels for those working with youth: parents, staff, mentors, employers and foster care providers
- Increase services available such as Operator Training programs (OTI).
- Build cultural competence

Funding Issues

Insufficient funding was a common theme throughout all of the Summits. Discussion regarding funding issues focused on the need for flexible funding sources and programs. Participants were very supportive of the ISA program which allows for alternative thinking and fits non-conventional services with a state administered conventional funding stream and there was consensus that education about and awareness of the ISA program is needed. Desire was expressed for ISA dollars to be available to a broader group of people such as private therapists and community mental health providers. Another common discussion topic was that funding should go more directly to kids and families and less to administrative overhead. In short, funds need to be more responsive to the needs of the children.

Specific solutions include:

- Attach ISA funds to the client and family rather than to the provider agency, similar to the Developmental Disabilities waiver model
- Reduce funding barriers for providers
- Develop a more flexible funding system

- Work to improve Medicaid system to pay for family needs rather than just client needs
- Increased Individualized Service Agreement funds are needed

Service Gaps

The service gaps identified by participants fell in to two broad categories: **Programmatic Increases** and **Coordination and Program Change**. Programmatic increases includes increases to existing programs, while coordination and program change focuses on coordination or restructuring of existing programs/agencies or development of new programs. A few additional items which do not fit into either of these two categories were mentioned, and are included under the **Additional Changes** sub-heading.

Programmatic increases

- Need for residential services for kids in crisis; and to provide ongoing treatment (currently a 5 bed facility is planned, need to increase over time to support additional youth); substance abuse treatment is also needed
- Expand services offered at Putyuk Children's Home
- Expand the MASCOT transportation system
- Actively recruit for foster parents
- Provide bridging programs for people aging out of the system – nothing in place for individuals over the age of 18
- Develop Tribal Court system to serve local youth

Coordination and program change

- Before any child is sent out of state, use the existing grassroots BTKH meetings to work with an interdisciplinary team and develop resources/brainstorm in-state options
- Develop a system for agencies to be open outside of normal business hours (Mon-Fri 8am to 5pm) in order to meet the family's needs. For instance, pay a differential to staff for flex time shift
- Create a pool of crisis coverage care providers available to all agencies in the community
- Coordinate care and empower parents and youth; provide peer advocacy for every child and family
- Develop community supports such as free gym access for kids or scholarships to summer programs
- Culturally focused programs and opportunities to encourage wellness and sobriety
 - Teach and reinforce traditional knowledge as a resource for parents and families
 - Culture/wellness/recovery camp programs

- Work to broaden partnerships with faith based groups, businesses, schools, PTAs, seniors, and inspire natural supports within the community.
- Develop a regular, predictable meeting schedule for the Bring the Kids Home Group so that all agencies can participate.
- Identify single point of responsibility for recruiting foster parents –a foster parent clearinghouse so there is not duplication of efforts and overlapping programs
- Develop a generalized release form allowing for information sharing between agencies or at a minimum a protocol for dissemination of information
- Develop a respite program

Additional changes

- Homeless shelter or housing at reduced rate as a place for people to stay that is safe and inexpensive when travelling into village hub for services
- Need to explore stronger sentences for abuse cases (it was mentioned that the punishments for hunting violations are stronger than those for abuse cases)

Community Support

The need for support in all summit communities was a topic often mentioned by participants. The following ways to develop community support were identified: **community based prevention programs, building a community awareness and education campaign, education and training, and ensuring supports are in place for the returning child.**

Detailed descriptions of each solution follow, resulting from the work plans developed by summit participants.

Community based prevention programs

- Establish “prevention teams” – groups who can identify high risk behavior and youth and families in need of assistance and then get resources to those in need
- Intervention and prevention programs are needed for kids to help them before they are in the system
- Effort to prevent problems before they start or become an emergency or need to be sent out of state
 - Prevention teams to identify and get resources to youth and family preservation to keep families out of the Office of Children’s Services (OCS) and step in for crisis situations
 - Use technology such as webcams or video-conferencing so parents can see kids out of state and feel like there is still a connection.
- Education for providers, teachers, etc. on how to assess risk

- Need to develop a way to track kids in state that are at risk of leaving; improve our predictive ability

Build a Community Awareness and Education Campaign

- Develop newspaper and radio ads, PSAs and community service announcements
- Link education campaign to the data, such as how many kids are sent out; cost per day for them to be out vs. home far from family and community
- Work to see that comprehensive news articles are published
- Providers should attend community information fairs with display tables. Try to get speaking engagements to cover Bring the Kids Home topics
- Build relationships and partnerships with the media
- Publish a community resource guide
- Target decision makers – and educate them

Education and Training

- Educate the community about the Bring the Kids Home Initiative – what it is, why it is happening, what it makes possible, and what resources are needed on the local level. Get communities involved in the effort. Do this through flyers, meetings, radio. Involve kids, Elders, families, regional Elder’s Council, Tribal Governments, youth councils.
 - Present at city, IRA and regional meetings and Youth Council with flyers to inform the public as well as radio stations and scanner channels
 - Training for all staff (all aspects of the community coming in contact with youth) – school staff on all levels is particularly important

Ensure Supports are in Place for Returning Child

- Identify counselor before a child’s return from outside care; establish Social Security and other benefits prior to return
- Develop transition team in order to create support around child including a care coordinator to facilitate transfer and help with discharge planning. Team should include providers specific to the child and family’s needs.
- Obtain knowledge of child’s mental and medical health history
- Work with out-of-state treatment facilities to be more proactive about discharge planning and work to coordinate services with them
- Work with the family – provide training, support, parenting classes

Rural Concerns

Following is a listing of rural-focused solutions, offered by the participants from the rural locations themselves.

Nome, Alaska

- Create an interagency, multi-disciplinary team from surrounding villages and Nome
- Develop a 16-20 bed long-term care facility in Nome
- Short term crisis stabilization. A 4-bed treatment facility including qualified staff and training, including identifying local experts
- Make cultural activities central to prevention and treatment
- Provide treatment for entire family

Dillingham, Alaska

- Increase community, family and elder involvement in raising youth – peer, professional community, increased prevention measures services
- Develop a more comprehensive re-integration process
- Provide family services for alcohol treatment
- Increase Native professional staff
- Decrease isolation distance between villages and TRT providers (both literal and figurative)

Valdez, Alaska

Valdez solutions included creating coalitions at many levels:

- Including inter-agency collaboration with all elements of community (i.e. “Youth Awareness Coalition”)
- Effect change on a policy level with input from all stakeholders – parents, youth, families, providers, schools, local law enforcement. Coalitions that represent the entire community are an effective way to communicate with legislators and policy makers.
- Form partnerships of community organizations to catch kids who fall through the gaps; encourage collaboration between schools, parents and service providers.
- Establish multi-disciplinary teams to deal with client specific issues and include input from many community resources (e.g. OCS, police, parents, service providers).

Valdez also noted the importance of advocacy and that it is necessary for providers, youth and families to reach out to those in policy making positions and make sure that they understand the needs of their constituents.

Create a central clearinghouse for information, funding, and services

- E-mail network to announce events, funding opportunities
- Create a “Where to Turn” periodical that lists resources for supporting youth and families with description of services and contact information (and is regularly updated)
- Create a “lexicon” for abbreviations and commonly used terms in behavioral health professional realm
- Create a list of places to post/list behavioral health related job opportunities

Technology

- Explore new applications for telehealth technology such as connecting urban and rural treatment teams before and after youth are sent out of state for treatment. (It was mentioned that ISA funding can pay for the connectivity described above when it is not billable to Medicaid.)
- Explore using video conferencing to supplement training needs.

Youth-oriented solutions

- Create a Youth Court to increase local connectivity/responsibility between youth and increase accountability and provide positive pressure for kids transitioning into community.
- Peer navigators – youth that have been involved with the system are trained to guide others who are not as experienced (could be an extension of youth court)
- Help youth to access training and educational opportunities such as AVTEC; Job Corps; military readiness school; union apprenticeship programs

Local Accountability: taking responsibility

It was noted that is important for providers to evaluate their own performance and be working to improve the services that they provide to the community. This can be done by:

- Tracking productivity (e.g. “How much did you do?”, “How well did you do it?”, and “Is anyone better off?”)
- Setting standards
- Surveying clients
- Strategic planning
- Working towards a goal
- Creating “Scorecards” – CSR’s – intake vs. discharge as a metric
- Have incentives/rewards/payoffs
- Staff evaluations

- Set aside money for training
- Measures like direct and in-direct billing
- Increased agency collaboration and coalition building on many levels
 - Central clearinghouse created for information on resources
 - Email network to announce events/opportunities

Other Common Themes

Planning

- Need to set timeline for initiatives to be accomplished – establishing dates for actions to be accomplished, who will be responsible for accomplishments – this should be publicized and well known. This will help to establish trust between all groups/stakeholders working to “bring the kids home.” Efforts must have:
 - Consistency
 - An integrated approach to the conversation on how to best serve youth – acknowledge that all perspectives (elders, service providers, family, youth, professionals, policy makers, those advocating for a culturally centered approach) have validity and something to contribute

Technical Assistance and Training Needs

Summit participants were asked to identify the technical assistance and training needs that would help the BTKH initiative be more successful in their communities. The following are a list of the needs most commonly identified across the state.

- **Funding/grant writing training** – Providers and community members identified training on grant writing, on existing funding sources and how to access them as a need across the state. Included in this category is grant mentoring, research, and budget assistance. Also mentioned was the desire for the State to develop training on how to access alternative funds such as ISA dollars.
- **Training on working with target youth** – Training for all of those working with target youth was identified as a need in Alaska. Specific examples include: youth navigation and peer mentorship, training for school staff (teachers, administrators, etc.) for behavioral intervention, working with youth in a residential setting, opportunities as well as training to increase qualifications of staff and providers was identified as a need in Alaska.
- **Training for parents and foster parents** – Summit participants identified ‘healthy parent’ training as necessary for biological and foster parents. Additionally, training is needed for therapeutic foster care training.

In addition to the specific trainings listed above, participants noted that expansion of local capacity to offer trainings would be beneficial across the state, as it would increase the amount of training available and access to it for those who need it.

Technical Assistance Needs:

Participants mentioned the following which go beyond simply training, and would involve more in-depth technical assistance:

- Assistance developing a Tribal Court
- Peer support program start up and operation
- Development of a safe house or transitional housing for families travelling to hub villages for services (possibly capital and/or supplemental operation technical assistance)

Additional Needs:

Funding specifically for training was prioritized by several groups (see training section for a listing of training needs). Additional funding needs noted include:

- youth and family activities
- supplies for cultural activities
- for travel to villages for coordination/facilitation
- support of cultural respite camps

Rural-Specific Needs:

During the wrap up, in Nome and Dillingham, participants reiterated that they would like to select a local BTKH representative to assist with coordinating regular meetings of local providers; assess action plan progress; and to act as a point of contact for interaction with State of Alaska BTKH representatives. Additionally, they would like more information on residential service certificates.

In many rural regions it was noted that well-trained, well-supported foster families are needed locally to provide placements for youth close to home as a supplement to the system that already exists. Similarly, that the existing system of foster families would benefit from additional training and also the availability of respite.